

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006887

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

149
FILED FEB 18 1963

681

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 61 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 614 Beacon		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ARLIE Middle PARKER Last		4. DATE OF DEATH Month 1 Day 31 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-3-1900
9. AGE (last birthday) 62	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Fred Harveys
11. BIRTHPLACE (City and state or country) Topeka, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Del T. Parker		13b. MOTHER'S MAIDEN NAME Mary L. Water	
14. NAME OF HUSBAND OR WIFE Lissie Van Bibber		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Lissie Parker, 614 Beacon, K.C. Mo.		17. ADDRESS Lissie Parker, 614 Beacon, K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia Infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca - Pharynx - c. melartores DUE TO (c) 18 mo		INTERVAL BETWEEN ONSET AND DEATH 48 hrs 3 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:00 a.m. 3:00 p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY JACKSON STATE MISSOURI	
21. I attended the deceased from 1962 to 31 Jan 63 and last saw him alive on 31 Jan 63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert M. Myers MD		22b. ADDRESS 906 Grand Ave	
22c. DATE SIGNED 1 Feb 63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 2-2-1963		23c. NAME OF CEMETERY OR CREMATORY Mount Washington Cemetery, Independence, Mo.	
23d. LOCATION (City, town, or county) Independence, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Sheil Funeral Home, K. C. Mo.		25. DATE RECD. BY LOCAL REG. 2-1-63	
26. REGISTRAR'S SIGNATURE Arthur Long		27. ADDRESS 2-1-63	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert M. Myers

VS 300
Rev. 4/59

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23208

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9148X

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1268-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. 656

working under my personal supervision.

Student Jimmy S. Buel
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address KE mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.